

Entered - 09/04/01 - sb
CL01L0530 - DIANNE C. MITCHELL

CLAIM OF: YOLANDA NASH
932 Oakwood Chase Circle
Stone Mountain, Georgia 30383

01-R-1542

For damages alleged to have been sustained as a result of a vehicular accident on December 14, 2000 at Interstate 285 exit ramp and Bolton Road.

THIS ADVERSED REPORT IS APPROVED

BY:

Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

Robin, City DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0530

Date: September 10, 2001

Claimant /Victim YOLANDA NASH

BY: (Atty) (Ins. Co.) _____

Address: 932 Oakwood Chase Circle, Stone Mountain, Georgia 30083

Subrogation: Claim for Property damage \$ _____ Bodily Injury \$ 7,000.00

Date of Notice: 08/14/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 12/14/00 Place: Interstate 285 exit ramp and Bolton Road

Department Public Works Division: Solid Waste Services

Employee involved William H. Hicks Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she was injured when the vehicle in which she was riding collided with a City vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

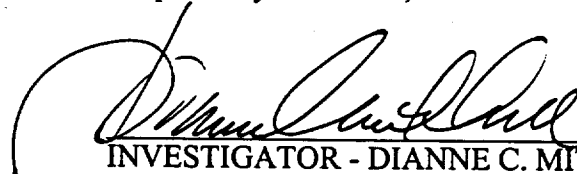
Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-12-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

AUG 14 2001

RE: CLAIM FOR DAMAGES *08/28/01*

Today's Date: *4-10-01*

Dear Municipal Clerk:

MUNICIPAL CLERK

ENTERED - 9-4-01 - SB
01L0530 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 7,000 bodily injury for which I contend the City is liable.

1. Date of incident: 12/14/2000 2. Time of Incident: 12:00 3. Police called: Yes
(month/day/ year) Yes No
4. Location of incident (including street address): 285 North Bolton Rd exit
5. Name of your insurance company: _____ Policy No. _____
6. State what and how incident occurred: I was a passenger in a minivan and a City Truck came from behind while we at a stand still and the truck hit us from behind on the rear driver side where my infant was seated
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Samaha Rashada 4) 792-7781
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Yolande Nash
Signature of Claimant

Yolanda Nash
(Print Claimant's Name)

932 Oakwood Chase Circle
(Address)

ST. MT. 30083
(City, State and Zip Code)

01- R -1542

4) 792-2094
(Work Number) (Home Number)

4) 627-5201
4) 508-3240